| POSITION | INITIALS | ID NO. | DATE |
|---|---|---|---|
| | | | |
| FEE DETERMINATION | MW | | 07-13-01 |
| O.I.P.E. CLASSIFIER | | 49 | 7/20/01 |
| FORMALITY REVIEW | K.S. | 1116 | 09/11/01 |
| RESPONSE FORMALITY REVIEW | | | |
| | | | |

## INDEX OF CLAIMS

| | | | | |
|---|---|---|---|---|
| ✔ | ............................ Rejected | N | ................................ Non-elected |
| = | ............................ Allowed | I | ................................ Interference |
| — | (Through numeral)... Canceled | A | ................................ Appeal |
| ÷ | ............................ Restricted | O | ................................ Objected |



If more than 150 claims or 10 actions
staple additional sheet here

(LEFT INSIDE)